### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44763

Entity Name: BAYSHORE GARDENS COMMUNITY CHURCH, R.C.A., INC.

**FILED** Jan 16, 2014 **Secretary of State** CC0857776081

# **Current Principal Place of Business:**

6228-26TH STREET WEST BRADENTON, FL 34207

## **Current Mailing Address:**

6228 26TH STREET WEST BRADENTON, FL 34207 US

FEI Number: 59-1312707 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

POST, KAREN M 3519 59TH AVENUE WEST BLDG. D BRADENTON, FL 34210-3528 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN M POST 01/16/2014

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

Name

Title VP, ELDER Title VP, ELDER

Name ELDER. ALICE Name VAN DER JAGT. NEIL Address 808 49B AVENUE EAST Address 2823 47TH STREET EAST PALMETTO FL 34221-6175 City-State-Zip: **BRADENTON FL 34203-4866** City-State-Zip:

CORRESPONDING SECRETARY, Title DIRECTOR, ELDER Title

FI DFR RUSSELL, KENNETH

MAPES, JEAN Name

Address 620 57TH AVE. W. Address 6427 RENSSALAER DR. 4-H SILVER LANE

City-State-Zip: **BRADENTON FL 34207-5549** City-State-Zip: **BRADENTON FL 34207-4110** 

Title TREASURER, DEACON Title **DEACON** 

Name POST, KAREN M SANDHOFF, WILLIAM III Name 3519 59TH AVE. W. Address Address 2319 16TH AVE W BLDG. D

City-State-Zip: BRADENTON FL 34205--4722

City-State-Zip: **BRADENTON FL 34210-3528** 

Title **DEACON** 

Title DEACON, ASST. SECRETARY Name CLARE, MATTHEW

Name SMITH, JEAN E 6507 26TH STREET WEST Address

Address 2707 TULANE AVENUE

City-State-Zip: **BRADENTON FL 34207-5105** City-State-Zip: **BRADENTON FL 34207-5058** 

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/16/2014 SIGNATURE: KAREN M POST TREASURER, DEACON, **ADMINISTRATIVE** 

**SECRETARY**